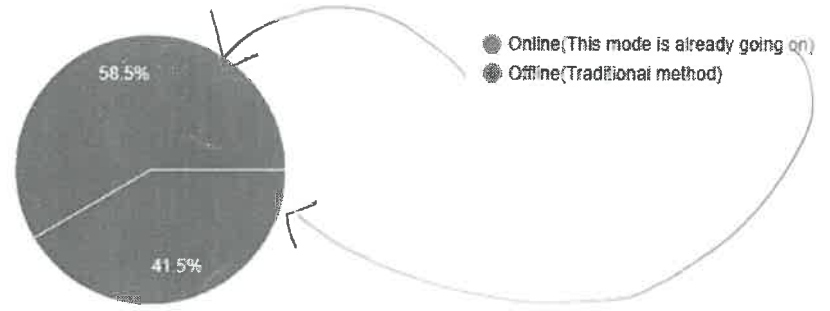


6.5.2 (1)

In which mode do you want to continue your study?

905 responses



10. Provide reason for your mode of selection (offline/online).

905 responses

Online

Offline

Principal
Principal
S.D. College, BARNALA
Any

10. Provide reason for your mode of selection(offline/online).

Study is done better in offline mode

Better experience

Better understanding in offline mode

Net problem

In Online Mode, there are weak internet connections sometimes & moreover the concentration at college is much more better.

There may network issues during lecture

And it is easy study in offline mode

Off-line study is much batter than online study

Bcz of network problem

During online study we find number of problems like network issue and cannot constraints on study .While, offline study helps to understand every concept.

Better understanding

Easy to understand

In offline.mode we are consistent with our study

Teaching level is so good

Batter way for study

Online study way is Tamprary

Sometimes network issue and not properly understanding from mobiles

Because class vich study ta phone ta study vich kafi difference ha

Offline

I'm in favour of offline because offline classes in front of teachers provide better environment for study than home .

Understanding of subject more clear in offline

Online

Online

Because offline study is best . In which all the students attend every lecture and they learn fast as compare to online.

Online

- 1) Work from anywhere at anytime
- 2) less intimidating

Offline is better than online.

This method this time consuming

Can't understand property in online class

This mode is easy to understood and there is no issue of network problems.

Because in offline studies study get easy to understand

Offline mode because I can't understand online study

Online

Network issues and lake of discussion

Online study best kio ma job krti ho online class ch sbb km pta lg jnd t study vdiya trik ni ho rai aw

I am not interested in online study

When the study was already going on online, now the papers should also be online

Its good way of study .

Classes offline and exam online

Off line

It is more effective and successful

Because I am not satisfied with online

Online

Because with offline study is always better than online

[Signature]
Principal
S.D. College, BARNALA *[Signature]*

4) Student Satisfaction Survey-II
held from 15.9.21 - 21.9.21
1) Student Survey regarding mode of classes - I
held from 27.1.21 - 3.2.2021

2nd Survey 6.5.2

S.D. College, Barnala

Student Satisfaction Survey(2020-21)

 sdcbnl1956@gmail.com (not shared) [Switch account](#) 

1. Did you feel comfortable in attending online classes?

- Yes
- No

2. How effectively was the subject material communicated?

- Excellent
- Good
- Average
- Poor

3. How well prepared were the teachers?

- Excellent
- Good
- Fair
- Poor


Principal
S.D. College, BARNALA




4. Was the duration of online classes sufficient?

Yes

No

5. Did the teachers encourage questions?

Yes

No

6. Did you feel comfortable asking questions during or after the class?

Yes

No

7. Were you comfortable with online meeting platform e.g. Googlemeet, Freeconferencecall, Zoom etc. ?

Yes

No


Principal
S.D. College, BARNALA


8. Overall how would you describe the quality of online teaching?

- Excellent
- Very good
- Good
- Fair

9. The teachers approach to teaching can best be described as

- Excellent
- Good
- Average
- Poor

10. Fairness of the internal evaluation process by the teachers is

- Always fair
- Usually fair
- Sometimes fair
- unfair

sh
Principal
S.D. College, BARNALA
sh



11. The teachers illustrated the concepts through examples and applications

- Everytime
- Usually
- Rarely
- Never

12. The overall quality of online teaching learning process in college was good

- Strongly agree
- Neutral
- Disagree
- agree

13. You attended online classes through

- Wifi
- Mobile data

Sh
Principal
S.D. College, BARNALA
Qu

8. Overall how would you describe the quality of online teaching?

- Excellent
- Very good
- Good
- Fair

9. The teachers approach to teaching can best be described as

- Excellent
- Good
- Average
- Poor

10. Fairness of the internal evaluation process by the teachers is

- Always fair
- Usually fair
- Sometimes fair
- unfair


Principal
S.D. College, BARNALA




14. For online classes you had used

- Mobile
- Laptop
- Tablet

15. How much syllabus had been covered during session 2020-21 ?

- 20-40%
- 40-60%
- 60-80%
- more than 80%

Sh
Principal
S.D. College, BARI
012

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Google Forms



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Timestamp 1. Did you feel comfortable? 2. How effectively was the... 3. How well prepared were... 4. Was the duration of the... 5. Did the teachers excel? 6. Did you feel comfortable? 7. Were you comfortable? 8. Overall how would you... 9. The teachers approach... 10. Fairness of the items? 11. The teachers illustrate... 12. The overall quality of... 13. You attended online? 14. For online classes you... 15. How much syllabus had been covered during session 2020-21?

Table with 15 columns corresponding to the survey questions in the caption. Rows represent individual sessions from 9/15/2021 21:04:58 to 9/15/2021 21:56:30, with responses ranging from 'Poor' to 'Excellent' and 'Never' to 'Always'.

Notice

Date: 28.12.2020

It is for the information to all the students of 1st semester of B.Voc (Nutrition & Health Care Science) that their industrial visit/training is scheduled as follows:*

S.No.	Roll No.	Name of the Students	Training Certificate
✓1.	88772	Jaspreet Kaur	Training Completed
✓2.	88773	Neha Chauhan	Training Completed
3.	88774	Amrinder Singh	Training Completed
✓4.	88775	Dheeraj Kumar	Left
✓5.	88776	Gaurav Kumar	Training Completed
✓6.	88777	Gaurav Rathor	Training Completed
✓7.	88778	Gurpreet Singh Sidhu	Training Completed
✓8.	88779	Gursharandeep Singh	Training Completed
9.	88780	Harsimranjit Singh Khaira	Training Completed
✓10.	88781	Jashanpreet Singh	Left
✓11.	88782	Jashanpreet Singh	Training Completed
✓12.	88783	Jaspreet Singh	Training Completed
✓13.	88784	Lovepreet Singh	Training Completed
✓14.	88785	Lovepreet Singh	Training Completed
15.	88786	Manpreet Singh	Training Completed
✓16.	88787	Parwinder Singh	Left
17.	88801	Balpreet Kaur	Training Completed
			Left

So all are required to contact your teacher in-charge for further details.

*The duration of training will be 3hrs during your visit at Partap Nursing Home, Barnala from 04.01.2021 to 11.01.2021

Vinifred

Woope
02/01/21

Niti
Incharge

B.Voc (Nutrition & Health Care Science)

Attested

sh
Principal S.D. College
Barnala

sh
Principal
S.D. College, BARNALA

List of Project assigned to 1st semester of B.Voc (Nutrition & Health Care Science):

S.No.	Roll No.	Name of the Students	Project Title
1.	88772	Jaspreet Kaur	Diet, Blood Pressure and Hypertension
2.	88773	Neha Chauhan	Dietary Management of a Patient with Diabetes Mellitus: A Case Report
3.	88774	Amrinder Singh	Diet and Asthma: Looking Back, Moving Forward
4.	88775	Dheeraj Kumar	Thyroid Diseases and Diet Control
5.	88776	Gaurav Kumar	Diet and Asthma: Is it Time to Adapt our message?
6.	88777	Gaurav Rathor	Diet, Blood Pressure and Hypertension
7.	88778	Gurpreet Singh Sidhu	Dietary Management of a Patient with Diabetes Mellitus: A Case Report
8.	88779	Gursharandeep Singh	Diet and Asthma: Looking Back, Moving Forward
9.	88780	Harsimranjit Singh Khaira	Thyroid Diseases and Diet Control
10.	88781	Jashanpreet Singh	Diet and Asthma: Is it Time to Adapt our message?
11.	88782	Jashanpreet Singh	Diet, Blood Pressure and Hypertension
12.	88783	Jaspreet Singh	Dietary Management of a Patient with Diabetes Mellitus: A Case Report
13.	88784	Lovepreet Singh	Diet and Asthma: Looking Back, Moving Forward
14.	88785	Lovepreet Singh	Thyroid Diseases and Diet Control
15.	88786	Manpreet Singh	Diet and Asthma: Is it Time to Adapt our message?
16.	88787	Parwinder Singh	Dietary Management of a Patient with Diabetes Mellitus: A Case Report
17.	88801	Balpreet Kaur	Diet, Blood Pressure and Hypertension

Niti Arora

Incharge
B.Voc (Nutrition & Health Care Science)

Attested

Principal S.D. College
Barnala

Principal
S.D. College, BARNALA

VK

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Section I

This form has been issued to Ms. Jaspreet Kaur Regd. No. 88772 daughter of Sh. Mahinder Singh residing at Barnala State Punjab Who has produced evidence before me that she is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date 2/1/21

[Signature]
Nodal Officer
B Voc (NHCST)

[Signature]
Principal
S.D. College, BARNALA

Section II

I Jaspreet Kaur accept Dr. Partap Singh of Partap Nursing Home as my trainer for the above training and agree to obey and respect him during the entire period of my training.

Jaspreet Kaur
Student

Section III

I Dr. Partap Singh accept Jaspreet Kaur as a trainee and I agree to give her training facilities in my organization so that during her training she may acquire:-

1. Working knowledge of keeping of records related to clinical conditions of patients.
2. Practical Experience in measuring physical parameters like height, Body weight, Blood pressure, BMR & IBW.
3. Preparation of Diet plan according to Nutritional requirement of patient condition.

I also agree that a trained technologist shall be assigned for her guidance.

[Signature]
(Apprentice Master)
Name and address of Institution
Partap Nursing Home
Handla, Barnala

Section IV

I certify that Jaspreet Kaur has undergone 03 hours training spread over 01 weeks in accordance with details enumerated in section III

[Signature]
Head of the Training Institution
Partap Nursing Home
Handla, Barnala

Section V

I certify that Jaspreet Kaur has completed in all respect her practical training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date 12/1/21

[Signature]
Nodal Officer
B Voc (NHCST)

[Signature]
Principal
S.D. College, BARNALA

Attestati

[Signature]
Principal S.D. College
Barnala

TRAINING FORM



Section I

This form has been issued to Ms. Neha Chauhan Regd. No. 88773 daughter of Sh. Ashok Kumar Chauhan residing at Barnala State Punjab Who has produced evidence before me that she is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date...21/12/21.....

[Signature]
Nodal Officer
B Voc (NHCST)

[Signature]
Principal
S.D. College, BARNALA

Section II

I Neha Chauhan accept Dr. Partap Singh of Partap Nursing Home as my trainer for the above training and agree to obey and respect him during the entire period of my training.

[Signature]
Neha Chauhan
Student

Section III

I Dr. Partap Singh accept Neha Chauhan as a trainee and I agree to give her training facilities in my organization so that during her training she may acquire:-

1. Working knowledge of keeping of records related to clinical conditions of patients.
2. Practical Experience in measuring physical parameters like height, Body weight, Blood pressure, BMR & IBW.
3. Preparation of Diet plan according to Nutritional requirement of patient condition.

I also agree that a trained technologist shall be assigned for her guidance.

[Signature]
Apprentice Master
Name and address of Institution

Section IV

I certify that Neha Chauhan has undergone 03 hours training spread over 01 weeks in accordance with details enumerated in section III

[Signature]
Head of the Training Institution

Section V

I certify that Neha Chauhan has completed in all respect her practical training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date...21/12/21.....

[Signature]
Nodal Officer
B Voc (NHCST)

[Signature]
Principal
S.D. College, BARNALA

Attested

[Signature]
Principal S.D. College
Barnala

S.D.COLLEGE, BARNALA

TRAINING FORM



Section I

This form has been issued to Mr. Dheeraj Kumar Regd. No. 88775 son of Sh. Ashok Kumar residing at Patti Road, Barnala State Punjab who has produced evidence before me that he is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date: 21/10/21


Nodal Officer
B Voc (NHCST)


Principal
S.D. College, Barnala
S.D. College, BARNALA

Section II

I Dheeraj Kumar accept Dr. Partap Singh of Partap Nursing Home as my trainer for the above training and agree to obey and respect him during the entire period of my training.


Dheeraj Kumar
Student

Section III


I Dr. Partap Singh accept Dheeraj Kumar as a trainee and I agree to give him training facilities in my organization so that during his training he may acquire:-

1. Working knowledge of keeping of records related to clinical conditions of patients.
2. Practical Experience in measuring physical parameters like height, Body weight, Blood pressure, BMR & IBW.
3. Preparation of Diet plan according to Nutritional requirement of patient condition.

I also agree that a trained technologist shall be assigned for his guidance.

Section IV

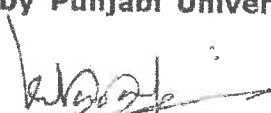
I certify that Dheeraj Kumar has undergone 03 hours training spread over 01 weeks in accordance with details enumerated in section III


(Apprentice Master)
Name and address of Institution
Partap Nursing Home
Regd. No. 15
Barnala BARNALA

Section V

I certify that Dheeraj Kumar has completed in all respect his practical training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date: 21/10/21


Nodal Officer
B Voc (NHCST)


Principal
S.D. College, Barnala
S.D. College, BARNALA


Principal S.D. College
Barnala



S.D. COLLEGE, BARNALA

TRAINING FORM



Section I

This form has been issued to Mr. Gaurav Kumar Regd. No. 88776 son of Sh. Ram Jattan residing at Barnala State Punjab who has produced evidence before me that he is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date 9/1/2021

Nodal Officer
B Voc (NHCST)

Principal
S.D. College, Barnala

Section II

I Gaurav Kumar accept Dr. Partap Singh of Partap Nursing Home as my trainer for the above training and agree to obey and respect him during the entire period of my training.

Student

Section III

I Dr. Partap Singh accept Gaurav Kumar as a trainee and I agree to give him training facilities in my organization so that during his training he may acquire:-

1. Working knowledge of keeping of records related to clinical conditions of patients.
2. Practical Experience in measuring physical parameters like height, Body weight, Blood pressure, BMR & IBW.
3. Preparation of Diet plan according to Nutritional requirement of patient condition.

I also agree that a trained technologist shall be assigned for his guidance.

(Apprentice Master)
Name and address of Institution
Partap Nursing Home
Handiaya Bazar BARNALA

Section IV

I certify that Gaurav Kumar has undergone 03 hours training spread over 01 weeks in accordance with details enumerated in section III

Head of the Training Institution
Partap Nursing Home
Handiaya Bazar BARNALA

Section V

I certify that Gaurav Kumar has completed in all respect his practical training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date 12/01/21

Nodal Officer
B Voc (NHCST)

Principal
S.D. College, Barnala

Principal S.D. College
Barnala

S.D.COLLEGE, BARNALA

TRAINING FORM



Section I

This form has been issued to Mr. Gaurav Rathor Regd. No. 88777 son of Sh. Ajay Rathor residing at Barnala State Punjab who has produced evidence before me that he is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date...2/1/21.....

[Signature]
Nodal Officer
B Voc (NHCST)

[Signature]
Principal
S.D. College, Barnala

Section II

I Gaurav Rathor accept Dr. Partap Singh of Partap Nursing Home as my trainer for the above training and agree to obey and respect him during the entire period of my training.

Gaurav Rathor
Student

Section III

I Dr. Partap Singh accept Gaurav Rathor as a trainee and I agree to give him training facilities in my organization so that during his training he may acquire:-

1. Working knowledge of keeping of records related to clinical conditions of patients.
2. Practical Experience in measuring physical parameters like height, Body weight, Blood pressure, BMR & IBW.
3. Preparation of Diet plan according to Nutritional requirement of patient condition.

I also agree that a trained technologist shall be assigned for his guidance.

[Signature]
Name and address of Institution
Partap Nursing Home
Mandiava Bazar BARNALA

Section IV

I certify that Gaurav Rathor has undergone 03 hours training spread over 01 weeks in accordance with details enumerated in section III

[Signature]
Head of the Training Institution
Partap Nursing Home
Barnala

Section V

I certify that Gaurav Rathor has completed in all respect his practical training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date...12/01/21.....

[Signature]
Nodal Officer
B Voc (NHCST)

[Signature]
Principal
S.D. College, Barnala

Attested

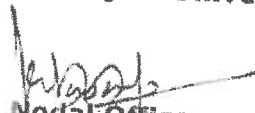
[Signature]
Principal S.D. College
Barnala




Section I

This form has been issued to Mr. Gurpreet Singh Sidhu Regd. No. 88778 son of Sh. Bhura Singh residing at Handiaya, Barnala State Punjab who has produced evidence before me that he is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

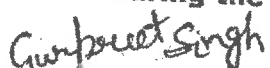
Date...21/1/21.....


Nodal Officer
B Voc (NHCST)


Principal
S.D. College, Barnala

Section II

I Gurpreet Singh Sidhu accept Dr. Partap Singh of Partap Nursing Home as my trainer for the above training and agree to obey and respect him during the entire period of my training.


Student

Section III


I Dr. Partap Singh accept Gurpreet Singh Sidhu as a trainee and I agree to give him training facilities in my organization so that during his training he may acquire:-

1. Working knowledge of keeping of records related to clinical conditions of patients.
2. Practical Experience in measuring physical parameters like height, Body weight, Blood pressure, BMR & IBW.
3. Preparation of Diet plan according to Nutritional requirement of patient condition.

I also agree that a trained technologist shall be assigned for his guidance.


Section IV

I certify that Gurpreet Singh Sidhu has undergone 03 hours training spread over 01 weeks in accordance with details enumerated in section III


Name and address of Institution
Partap Nursing Home
Handiaya, Barnala

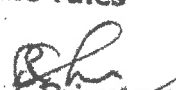
Section V

I certify that Gurpreet Singh Sidhu has completed in all respect his practical training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.


Head of the Training Institution
Partap Nursing Home
Handiaya, Barnala

Date...21/1/21.....


Nodal Officer
B Voc (NHCST)


Principal
S.D. College, Barnala

Attested


Principal S.D. College
Barnala

TRAINING FORM



Section I

This form has been issued to Mr. Gursharandeep Singh Regd. No. 88779 son of Sh. Balwinder Singh residing at Pharwahi, Barnala State Punjab who has produced evidence before me that he is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date... 9/1/2021

Nodal Officer B Voc (NHCST)

Principal S.D. College, Barnala

Section II

I Gursharandeep Singh accept Dr. Partap Singh of Partap Nursing Home as my trainer for the above training and agree to obey and respect him during the entire period of my training.

Gursharandeep Singh Student

Section III

I Dr. Partap Singh accept Gursharandeep Singh as a trainee and I agree to give him training facilities in my organization so that during his training he may acquire:-

- 1. Working knowledge of keeping of records related to clinical conditions of patients.
2. Practical Experience in measuring physical parameters like height, Body weight, Blood pressure, BMR & IBW.
3. Preparation of Diet plan according to Nutritional requirement of patient condition.

I also agree that a trained technologist shall be assigned for his guidance.

Name and address of Institution

Section IV

I certify that Gursharandeep Singh has undergone 03 hours training spread over 01 weeks in accordance with details enumerated in section III

Head of the Training Institution

Section V

I certify that Gursharandeep Singh has completed in all respect his practical training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date... 12/1/21

Nodal Officer B Voc (NHCST)

Principal S.D. College, Barnala

Principal S.D. College Barnala



Section I

This form has been issued to Mr. Jashanpreet Singh Regd. No. 88781 son of Sh. Bharpur Singh residing at Kalabula, Sangrur State Punjab who has produced evidence before me that he is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date... 9/1/2021

Nodal Officer
B.Voc (NHCST)

Principal
S.D. College, Barnala

Section II

I Jashanpreet Singh accept Dr. Partap Singh of Partap Nursing Home as my trainer for the above training and agree to obey and respect him during the entire period of my training.

Student

Section III

I Dr. Partap Singh accept Jashanpreet Singh as a trainee and I agree to give him training facilities in my organization so that during his training he may acquire:-

1. Working knowledge of keeping of records related to clinical conditions of patients.
2. Practical Experience in measuring physical parameters like height, Body weight, Blood pressure, BMR & IBW.
3. Preparation of Diet plan according to Nutritional requirement of patient condition.

I also agree that a trained technologist shall be assigned for his guidance.

(Apprentice Master)
Name and address of Institution

Section IV

I certify that Jashanpreet Singh has undergone 03 hours training spread over 01 weeks in accordance with details enumerated in section III

Head of the Training Institution

Section V

I certify that Jashanpreet Singh has completed in all respect his practical training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date... 12/1/21

Nodal Officer
B.Voc (NHCST)

Principal
S.D. College, Barnala

Attested

Principal S.D. College
Barnala

TRAINING FORM



Section I

This form has been issued to Mr. Jashanpreet Singh Regd. No. 88782 son of Sh. Randhir Singh residing at Patti Rahike, Sangrur State Punjab who has produced evidence before me that he is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date 21/01/2021

[Signature]
Nodal Officer
B Voc (NHCST)

[Signature]
Principal
S.D. College, BARNALA

Section II

I Jashanpreet Singh accept Dr. Partap Singh of Partap Nursing Home as my trainer for the above training and agree to obey and respect him during the entire period of my training.

[Signature]
Student

Section III

I Dr. Partap Singh accept Jashanpreet Singh as a trainee and I agree to give him training facilities in my organization so that during his training he may acquire:-

1. Working knowledge of keeping of records related to clinical conditions of patients.
2. Practical Experience in measuring physical parameters like height, Body weight, Blood pressure, BMR & IBW.
3. Preparation of Diet plan according to Nutritional requirement of patient condition.

I also agree that a trained technologist shall be assigned for his guidance.

[Signature]
(Apprentice Master)

Section IV

I certify that Jashanpreet Singh has undergone 03 hours training spread over 01 weeks in accordance with details enumerated in section III.

Name and address of Institution
Partap Nursing Home
Regd. No. 19904
Partap Bazar BARNALA

[Signature]
Head of the Training Institution
Partap Nursing Home
Regd. No. 19904
Partap Bazar BARNALA

Section V

I certify that Jashanpreet Singh has completed in all respect his practical training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date 21/01/21

[Signature]
Nodal Officer
B Voc (NHCST)

[Signature]
Principal
S.D. College, Barnala
Principal
S.D. College, BARNALA

Principal S.D. College
Barnala

S.D.COLLEGE, BARNALA

TRAINING FORM



Section I

This form has been issued to Mr. Jaspreet Singh Regd. No. 88783 son of Sh. Dawinder Singh residing at Sehna, Barnala State Punjab who has produced evidence before me that he is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date: 2/1/2021

[Signature]
Nodal Officer
B Voc (NHCST)

[Signature]
Principal
S.D. College, Barnala

Section II

I Jaspreet Singh accept Dr. Partap Singh of Partap Nursing Home as my trainer for the above training and agree to obey and respect him during the entire period of my training.

[Signature]
Student

Section III

I Dr. Partap Singh accept Jaspreet Singh as a trainee and I agree to give him training facilities in my organization so that during his training he may acquire:-

1. Working knowledge of keeping of records related to clinical conditions of patients.
2. Practical Experience in measuring physical parameters like height, Body weight, Blood pressure, BMR & IBW.
3. Preparation of Diet plan according to Nutritional requirement of patient condition.

I also agree that a trained technologist shall be assigned for his guidance.

[Signature]
Name and address of Institution
Partap Nursing Home
Handla, Barnala

Section IV

I certify that Jaspreet Singh has undergone 03 hours training spread over 01 weeks in accordance with details enumerated in section III

[Signature]
Head of the Training Institution
Partap Nursing Home
Handla, Barnala

Section V

I certify that Jaspreet Singh has completed in all respect his practical training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date: 12/1/21

[Signature]
Nodal Officer
B Voc (NHCST)

Attested

[Signature]
Principal
S.D. College, Barnala

Principal S.D. College
Barnala

S.D.COLLEGE, BARNALA


TRAINING FORM



Section I

This form has been issued to Mr. Lovepreet Singh Regd. No. 88784 son of Sh. Avtar Singh residing at Barnala State Punjab who has produced evidence before me that he is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date...21/1/2021.....


Nodal Officer
B Voc (NHCST)


Principal
S.D. College, BARNALA

Section II

I Lovepreet Singh accept Dr. Partap Singh of Partap Nursing Home as my trainer for the above training and agree to obey and respect him during the entire period of my training.



Student

Section III

I Dr. Partap Singh accept Lovepreet Singh as a trainee and I agree to give him training facilities in my organization so that during his training he may acquire:-


1. Working knowledge of keeping of records related to clinical conditions of patients.
2. Practical Experience in measuring physical parameters like height, Body weight, Blood pressure, BMR & IBW.
3. Preparation of Diet plan according to Nutritional requirement of patient condition.

I also agree that a trained technologist shall be assigned for his guidance.


(Apprentice Master)
Name and address of Institution
Partap Nursing Home
Handiwal, Barnala

Section IV


I certify that Lovepreet Singh has undergone 03 hours training spread over 01 weeks in accordance with details enumerated in section III


Head of the Training Institution
Partap Nursing Home
Handiwal, Barnala

Section V

I certify that Lovepreet Singh has completed in all respect his practical training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date...14/1/21.....


Nodal Officer
B Voc (NHCST)

Attested


Principal S.D. College
Barnala


Principal
S.D. College, BARNALA

S.D.COLLEGE, BARNALA

TRAINING FORM



Section I

This form has been issued to Mr. Lovepreet Singh Regd. No. 88785 son of Sh. Baljeet Singh residing at Tibba, Sangrur State Punjab who has produced evidence before me that he is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date.....2/1/2021.....

Nodal Officer
B Voc (NHCST)

Principal
S.D. College, Barnala
Principal
S.D. College, BARNALA

Section II

I Lovepreet Singh accept Dr. Partap Singh of Partap Nursing Home as my trainer for the above training and agree to obey and respect him during the entire period of my training.

Lovepreet Singh
Student

Section III

I Dr. Partap Singh accept Lovepreet Singh as a trainee and I agree to give him training facilities in my organization so that during his training he may acquire:-

1. Working knowledge of keeping of records related to clinical conditions of patients.
2. Practical Experience in measuring physical parameters like height, Body weight, Blood pressure, BMR & IBW.
3. Preparation of Diet plan according to Nutritional requirement of patient condition.

I also agree that a trained technologist shall be assigned for his guidance.

(Apprentice Master)
Name and address of Institution
Partap Nursing Home
Handla, Barnala

Section IV

I certify that Lovepreet Singh has undergone 03 hours training spread over 01 weeks in accordance with details enumerated in section III

Head of the Training Institution
Partap Nursing Home
Handla, Barnala

Section V

I certify that Lovepreet Singh has completed in all respect his practical training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date.....2/1/21.....

Nodal Officer
B Voc (NHCST)

Attested
Principal
S.D. College, Barnala
Principal
S.D. College, BARNALA
Principal S.D. College
Barnala

S.D.COLLEGE, BARNALA
TRAINING FORM



Section I

This form has been issued to Mr. Parwinder Singh Regd. No. 88787 son of Sh. Sukhpal Singh residing at Kanbarwal, Sangrur State Punjab who has produced evidence before me that he is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date.....2/1/2021.....

Nodal Officer
B Voc (NHCST)

Principal
S.D. College, Barnala

Section II

I Parwinder Singh accept Dr. Partap Singh of Partap Nursing Home as my trainer for the above training and agree to obey and respect him during the entire period of my training.

Parwinder Singh
Student

Section III

I Dr. Partap Singh accept Parwinder Singh as a trainee and I agree to give him training facilities in my organization so that during his training he may acquire:-

1. Working knowledge of keeping of records related to clinical conditions of patients.
2. Practical Experience in measuring physical parameters like height, Body weight, Blood pressure, BMR & IBW.
3. Preparation of Diet plan according to Nutritional requirement of patient condition.

I also agree that a trained technologist shall be assigned for his guidance.

(Apprentice Master)
Name and address of Institution

Section IV

I certify that Parwinder Singh has undergone 03 hours training spread over 01 weeks in accordance with details enumerated in section III

Head of the Training Institution

Section V

I certify that Parwinder Singh has completed in all respect his practical training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date.....12/1/21.....

Nodal Officer
B Voc (NHCST)

Principal
S.D. College, Barnala

Principal S.D. College
Barnala